

URN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

CONSENT TO MENTAL HEALTH TREATMENT, CARE OR SUPPORT BY THE GUARDIAN

This Section is to be completed by the treating team seeking the guardian's consent to mental health treatment(s), care or support(s). *(The details should be sufficient to be informative to the guardian, the ACAT and the Public Advocate).*

Under the *Guardianship and Management of Property Act 1991*, the _____ team is seeking consent to provide the following mental health treatment(s), care or support(s) to _____: (Name of consumer)

Medications and dosages:

(Please note: List each medication that consent is being sought to administer and the foreseeable dose range(s)).

Other mental health treatments, care or supports

(That is, things done in the course of the exercise of professional skills to remedy the disorder or illness or lessen its ill effects or the pain or suffering it causes and includes the giving of medication and counselling, training, therapeutic and rehabilitation programs, care or support)

Medical Officer

Signature _____ Print name _____ Designation _____ Date _____

I _____ as appointed guardian of _____, consent to the above listed mental health treatment(s), care or support(s) being provided by Mental Health, Justice Health, Alcohol and Drug Services.

Guardian

Signature _____ Print name _____ Date _____

The treating team must forward a copy of this form to the Tribunal Liaison Officer at TribunalLiaison@act.gov.au or fax 6244 4558

The Tribunal Liaison Officer will forward copies to:

The ACT Civil and Administrative Tribunal ACATMentalHealth@act.gov.au

The Public Advocate JACSPublicAdvocate-MentalHealth@act.gov.au



* 1 5 2 1 1 *

DO NOT WRITE IN THIS BINDING MARGIN

CONSENT TO MENTAL HEALTH TREATMENT, CARE OR SUPPORT BY THE GUARDIAN

15211